

IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING
January 28-29, 2003
EXECUTIVE SUMMARY

Members in attendance:	Tribe Represented	Region Represented
Mr. Peter Masten, Jr.	Hoopa Valley Tribe	Northern
Mr. Lonnie Bill	Mono Tribe Cold Springs	East Central
Mr. Matt Franklin	Ione Band Miwok Indians	East Central
Ms. Margie Mejia	Lytton Rancheria	West Central
Ms. Donna Schular	Sherwood Valley Rancheria	West Central
Ms. Kelly Short-Slagley	Agua Caliente Band of MI	Southern
Mr. James Hill	La Posta Band of MI	Southern
Ms. Theda Molina	La Jolla Reservation	Southern

IHS staff in attendance:

Ms. Margo Kerrigan,	Area Director
Mr. J. Paul Redeagle,	Deputy Area Director
Dr. Stephen Mader,	Chief Medical Officer (CMO)
Mr. Dennis Heffington,	ISDA Program Manager
Dr. Ralph Ettinger,	Psychologist Consultant
Ms. Paula Lee,	Attorney, OGC
Mr. Ed Fluette,	Associate Director, OEHE

The California Area Tribal Advisory Committee (CATAC) meeting began on Tuesday, January 28th at 9:00 a.m. and ended on Wednesday, January 29, 2003 at 12:30 p.m. In addition to the attendees listed above, this meeting was open to and attended by additional tribal and program leaders, IHS staff, and guests.

Ms. Kerrigan, Director, California Area Indian Health Service (CAIHS), opened the meeting with a welcome, and introductions.

BUDGET FORMULATION ACTIVITIES - Dr. Stephen Mader, Chief Medical Officer (CMO), and Beverly Miller, Executive Officer, distributed handouts consisting of the FY 2003 Area Health Priorities and FY 2004 proposed "needs based", 4% and 15% budgets submitted last year. Being considered was a change in the ranking of area health priorities to raise Alcohol and Substance Abuse to reflect the construction request for Youth Regional Treatment Centers in the FY 2005 and FY 2006 Budget Formulation priorities for California. This will be included in

the Annual Tribal Leader's Meeting voting process for tribal input in the formulation activities of the FY 2005 budget. Ms. Beverly Miller anticipated a small increase when the FY 2003 budget is eventually passed.

The group discussed the normal budget formulation activities, but also the necessity for additional coordinated tribal lobbying efforts. The latest national budget formulation activities on is available on the following website

<http://www.ihs.gov/AdminMngrResources/Budget/index.asp>

RESTRUCTURING INITIATIVE WORKGROUP - Ms. Margo Kerrigan reviewed the proposed restructuring of Human Resources within the Department of Health and Human Resources (DHHS) and the alternative proposed by the Indian Health Service (IHS). The IHS proposes to consolidate the personnel function into four regional offices located in , Phoenix, Portland, Rapid City, and Oklahoma City. IHS analysis has shown that this would result in cost savings as well as provide better service to the IHS. Dr. Grimm, Interim Director, IHS, is presenting this proposal to Mr. Claude Allen, Deputy Secretary, DHHS.

The Public Affairs and Legislation function will stay within the IHS and not be moved to the DHHS level as originally proposed. The final report is available on the IHS Web Site: www.ihs.gov under "Nationwide Programs and Initiatives".

CONTRACT HEALTH SERVICE (CHS) DATA - Dr. Stephen Mader, CMO, discussed the current CHS data shown in national RPMS reports which reflected only \$2,000,000 expenditures out of the total available in California of \$14,000,000. This issue, requiring further analysis, may be the result of the data not being entered or being input into the RPMS system at the health clinics incorrectly or may be the result of "reprogramming" by tribal programs to meet other local priorities.

Some of the current CHS funding is "non-recurring" and there is concern that if the data doesn't correctly reflect the use of CHS by the programs, future appropriations may be affected.

This issue, as well as the lack of documentation for CHS deferrals, will be among the topics discussed during the Annual Tribal Leader's Meeting and the next Program Director's meeting. The CATAC members asked that health program board members as well as themselves, be invited to attend the next Program Director's meeting for follow-up.

YRTC TASK FORCE UPDATE - Dr. Ralph Ettinger, Mr. Dennis Taddy, and Dr. Stephen Mader, CMO, provided an update of the status of the Project Justification Document (PJD) for the proposed YRTC Network expansion for California. The PJD outlined the two dual-diagnosis facilities currently proposed. The proposed cost for the first California facility is approximately \$7 million. Each proposed facility would have 30 beds, an open ward, an additional five-bed intensive care ward, personnel, and suites for family members.

Following programmatic approval at the HQ level the proposed costs for the project are expected to be formally included in the budget request. Once funding is obtained, the locations will be decided with tribal and program input. Location decisions will be based on many factors including availability of staff and land. The proposed funding for the first facility will be expected in FY 2005 and the second facility in FY 2006.

DIABETES DATA PROJECT - Ms. Dawn LeBlanc, Area Diabetes Control Officer, provided a California Area Diabetes Data Project update, which included a description of funding received under the Balanced Budget Act of 1997 and the H.R. 4577 Consolidated Appropriations Act. Also described were the data improvement contracts with the Northwest Portland Area Indian Health Board for the California Area Diabetes Surveillance Project, Cimarron Medical Informatics, Modern Communications, and the United Indian Health Service, Inc.

The diabetes data project successes included 26 programs that now have an accurate Diabetes Register, 25 programs that have all medications and lab taxonomies installed, 23 programs that have submitted, at least partially, the 2002 Diabetes audit electronically. Grantees were able to use their 2002 diabetes data for the 2003 diabetes grant applications, and the California Area defined an "active Indian diabetic patient."

The California Area diabetes prevalence rate increased 5.3% (9.5% in 1997 to 14.8% in 2001). The California area 2002 annual diabetes audit is complete. California tribal/urban Indian healthcare programs now have the ability to track morbidity and mortality associated with diabetes.

By August 30, 2003, Ms. LeBlanc continues to expect accurate diabetes registers at California sites, improved diabetes care and patient outcomes, the ability to run the diabetes audit electronically, and improved accuracy of the California Area diabetes prevalence rate.

Ms. Kelly Short-Slagley reviewed the final FY 2002 Diabetes Final Allocation. Of importance is that 75% of the allocation was based on active users and 25% was based on the diabetes registry. The project data is important and funding allocations are increasingly dependent on accurate data.

FACILITIES APPROPRIATION ADVISORY BOARD - Mr. Ed Fluette, Associate Director, Office of Environmental Health and Engineering (OEHE), provided background information on the Facilities Appropriation Advisory Board (FAAB) and requested recommendations for a California Area representative.

The FAAB operates for the purpose of providing tribal participation in the review, development, and implementation of policies, procedures, guidelines, and priorities, which govern the operation of OEHE programs. The FAAB is a standing IHS committee composed of 12 tribal representatives and two IHS members. Meetings will be held semi-annually and all recommendations of the FAAB are decided on by the Director, OEHE, or the Director of the IHS.

Ms. Theda Molina, a CATAC member representing the Southern Region, volunteered and was appointed as the representative. She will work with Mr. Fluette to serve the area on behalf of the California tribes.

NATIONAL CORE FORMULARY - Ms. Carol Goodin led a discussion on the importance of utilizing a drug formulary, a list of medications that are approved for use in a clinic or hospital. The IHS now has a National Formulary. The benefits for using a formulary include cost savings, time savings for the physicians (and pharmacists) in that less time would be spent on in-depth drug evaluations, and patients would be able to get the same medications at other IHS clinics. A good formulary improves the quality of care and saves your clinic money.

INDIAN HEALTH SERVICE SCHOLARSHIP WORKSHOPS - Ms. Margo Kerrigan announced two upcoming workshops for IHS scholarships, February 6th in Sacramento, at the California State University, Sacramento, and February 13th in San Diego. Workshops include presentations on careers as well as providing assistance in completing and submitted applications. Members were encouraged to share this information to increase participation to eligible students.

ANNUAL TRIBAL LEADER'S MEETING - This discussion included a review of the draft agenda, selection of moderators for morning and afternoon sessions, and a discussion on the proposed refreshments to be provided.

The meeting, "Expanding Partnerships", will be held on March 25th, 26th, and 27th, at John Ascuaga's Nugget, 1100 Nugget Avenue, Sparks, Nevada 89431, 1-800-648-1177. Details on the meeting and the agenda will be sent out to all California tribal leaders and health programs by January 31, 2003.

INAUGURAL BROADCAST OF THE CENTERS FOR MEDICARE & MEDICAID SERVICES' SATELLITE NETWORK TO INDIAN COUNTRY - Dr. Stephen Mader, CMO, participated in the inaugural broadcast by telephone. This private digital broadcast network currently reaches IHS and Tribal Health Facilities in 24 States and links 57 locations. For the first time, this network puts provider education broadcasts within reach of American Indians, Alaska Natives and their rural neighbors. The network will be available for use by IHS and other components of the DHHS. This network also supports Trailblazer, the CMS primary provider educator for IHS/Tribal facilities.

This 11:00 am broadcast, began with remarks from DHHS Secretary Tommy G. Thompson, CMS Administrator Tom Scully and Dr. Charles Grimm, Interim Director, IHS. A panel discussed the Medicare strategy for serving rural facilities with a special emphasis on meeting the educational needs of Tribal and IHS providers. Questions were also received via toll free telephone and responded to by the panel.

GOVERNMENT PERFORMANCES RESULT ACT (GPRA) - Dr. Stephen Mader, CMO, provided a copy of the CAIHS Government Performance and Results Act Fiscal Year 2002 Report to the members of the advisory committee. The purpose of the report is to present an overview of the California Area tribal and urban direct care programs' effort to achieve some of the Healthy People 2010 goals. This report presents the FY 2002 GPRA results for 31 California tribal and urban direct care health program operating at 54 different clinic locations.

For FY 2002, the CAIHS worked with the tribal and urban programs to monitor clinical performance in the following areas:

Childhood immunizations, influenza and pneumococcal vaccinations for the elderly, cholesterol screening, breast and cervical cancer screening, foot, eye, and dental examinations for

diabetic patients, glycemic control in diabetics, dyslipidemia screening and kidney disease screening in diabetics.

NEXT CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING - The next meeting has not been scheduled.